



JOHN ELIAS BALDACCI  
GOVERNOR

STATE OF MAINE  
DEPARTMENT OF PROFESSIONAL  
AND FINANCIAL REGULATION  
ACCOUNT CLERK  
**BUREAU OF INSURANCE**  
34 STATE HOUSE STATION  
AUGUSTA, MAINE  
04333-0034

ALESSANDRO A. IUPPA  
SUPERINTENDENT

## Responsible Individual Change Form

### Business Entities (Agencies)

Title 24-A Chapter 16 §1413 (3), states that at least one individual licensee must be designated responsible for the business entity's compliance with the insurance laws and rules of the State of Maine.

The business entity shall notify the superintendent within 14 days of every change of the designated licensed person responsible or the business entity's license shall terminate.

Please type or print all information (Complete all fields)

Business Entity Name			
Business Entity License #		Federal Identification (FEIN) #	Phone #
PO Box	Business Street Mailing Address		
City	State	Zip Code	
Name of <b>Previous</b> Responsible Individual		Previous Responsible Individuals Maine License #	
Name of <b>New</b> Responsible Individual		New Responsible Individuals Maine License #	

Should the **new** responsible individual be affiliated to the Business Entity? [ ] Yes [ ] No

Should the **previous** responsible individual remain affiliated to the Business Entity? [ ] Yes [ ] No

If you have any questions, please contact Nica Latour at 207-624-8411  
or Debra Ayotte at 207-624-8413.



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